

REZONING REQUEST

PLANNING COMMISSION ACTION

Approved _____ Rejected _____

LEGISLATIVE ACTION

Approved _____ Rejected _____

TO: City of Collegedale Planning Commission

I/We _____ Telephone # _____

Address _____ Zip Code _____

Request that the property located in the _____ Subdivision or
Tract, Block _____ Lot _____ Tax Map # _____ be rezoned from _____ to _____

The property is located at _____
(number) (street)

Also fronts _____ feet on _____
(street)

Specific Proposed Use: _____

Type of Development: A. Single Family Multi-family Duplex PUD
(circle one)

B. Subdivision Commercial Industrial

Method of Sewage Disposal: Septic Sewer Water Supply: Public Well
(circle one) (circle one)

Total Acreage under Consideration: _____ Dimensions: _____

Use Presently Located on Site _____

Adjoining Development(s) Use: _____

There is a \$100 fee for each petition to either of the above groups. This fee includes the newspaper notice, letters sent to neighbors, and paper work. Please make your check payable to the City of Collegedale and enclose it with this form. **Your request will not be acted upon without payment. Application MUST be submitted two weeks prior to second Tuesday of the month.**

OFFICE USE ONLY

Date fee received _____ 20 _____ Receipt # _____